US: Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

AUG 1 6 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 8873	2 Fiscal Year Covered From
	1/1/84 Through 12/3/104
3 Name and address of person filing	4 Name file number and address of labor organization
Name Paniel J Kane	Name 4041/11/18
	Labor Organization File Number 005 375
PO Box Bldg Room No If any	P O Box Building and Room Number if any
Street 105 Embry Aug City Ocean Group	Street 1308 Pierce 5+
Cry Ocean Giral	City Raham
State NJ. ZIP Code + 4 67756	State ZIP Code +4 07065
Position in labor organization President	
Held an interest in engaged in transactions (including loans) with one neutring value from an employer whose employees your organizations and address of Employer (including trade name if any).	
Name and address of Employer (including trade name if any) Name	/ a Nature of Interest Transaction of Income
Trade Name if any	
The second of the strip of the second of the	
O Box Bldg Room No If any	14 4 10 10 10 10 10 10 10 10 10 10 10 10 10
	7 b Amount.
	7 b Amount.
Street	7 b Amount
City	7 b Amount.
Street City State ZIP Code + 4	7 b Amount.
Sig 15 Signature and verification The undersigned declares under penalty o	nature f Perjury and other applicable penalties of the law that all of the information trying documents) has been examined by the signatory and is to the best of the

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1	2

Name of Person Filing		File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly or or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	9 Business deals with a Labor Organiza b Trust c Employer	ation		
10 If 9 b or 9 c is checked give trust or employer's name Name CANY KANELLC Trade Name if any PO Box Bldg Room No if any	11 a Nature of such deals			
Street City	11 b Approximate dollar value 12 a Nature of interest held	· 		
C Received from any employer (other than an employer covered und				
or from any labor relations consultant to an employer any payment of mone	y or other thing of value			

or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or (including trade name if any)	Labor Relations Consultant		14 a Nature of payment
Name			
Trade Name if any			
PO Box Bldg Room No If any			
Street			
City			
State	ZIP Code + 4		
13 b Is the Business an Employer	or Consultant	7	14 b Amount of payment